

**ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES**  
**MINUTES - Thursday, October 9, 2008**

**Call to Order:**

David Hull, Chair, called the meeting to order at **8:35** a.m.

**Welcome and Introductions:**

***ACEMS Members in Attendance:***

Ron Bowers  
John Dickens  
Donald G. Hudson  
David Hull, Chair

Sherry Breaker  
Soren Threadgill  
Roy Sursa  
Karen O'Neil  
Danita Koehler

***ACEMS Members NOT in attendance:***

Steven O'Connor

***State Section of Injury Prevention and EMS Staff in Attendance:***

Tim Bundy, Chief of IPEMS  
Terry Olliff, EMS Unit Manager  
Kathy Crenshaw, Administrative Assistant

Shelley K. Owens, Public Health Specialist  
Nancy Barros, Health Program Manager  
Raj Maskay, Public Health Specialist

***EMS Regional Staff in Attendance:***

Sue Hecks, Executive Director, Southern Region EMS Council, Inc.  
Bobbi Leichty, Executive Director, Southeast Region EMS Council, Inc.  
Dan Johnson, Executive Director, Interior Region EMS Council, Inc.  
Aggie Jack, EMS Director, Maniilaq EMS  
Dave Potashnick, EMS Regional Director, North Slope Borough Fire Department  
Mike Owens, Acting EMS Director, Norton Sound Health Corporation  
Mike Motti, EMS Coordinator, South East Regional Health Corporation EMS  
Terry Stone, EMS Coordinator, Kodiak Area Native Association  
Skip Richards, EMS Coordinator, Chugachmiut Corporation  
Brian Leffarts, EMS Director, Bethel (YKHC)  
Maurice Ninham, Norton Sound Health Corp

***Liaison Representative Members in Attendance:***

Frank Sacco, MD, Alaska Native Medical Center and American College of Surgeons  
BJ Coopes, MD, Children's Hospital at Providence

Dave Hull welcomes everyone. Start with introductions. Tim introduces IPEMS staff. Dave thanks Shelley for all her years of hard work. Ethics report turned in, in compliance. Dave reads some ethics rules and asks if anyone has any violations to report. Agenda is discussed.

The Minutes from the March 6-7, 2008 meeting and the agenda for October 9-10, 2008 were approved. Ron moved to accept minutes.

**REPORTS FROM COMMITTEES, LIAISON MEMBERS AND STAFF**

**Executive Committee Report** (Dave Hull)

Actions items were discussed.

- Congratulate Dr. O'Neill on award.
- Support AK Fire Standards Council.
- Letter of condolence for 4 people who perished in helicopter crash.

- Letters written to Stevens, Young & Murkowski in support of Ryan White provisions. Dave would like to get a briefing on provisions and their effects. Kathy McLeron will research and give a briefing in the afternoon.
- Letters written inviting dignitaries to attend ACEMS. Palin, Parnell, Hogan, Wooley (to the award banquet as well). Award nominees were discussed and congrats offered.
- Deborah Hull-Jilly gives overview of Injury Prevention.
- Solid set of programs and contacts. Child Passenger Safety, car seat and booster seat legislations.
- Continued work in fire injury prevention. Jo Fisher noted as new fire prevention person. Gottschalk and Chamberlain noted for their work, rape prevention work. Talked about a survey that got upwards of 75% response. Will share info at next spring meeting.
- Trauma Registry work with Dr. Tariq Ali. Surveillance programs include occupational injuries, severe but nonfatal. New programs in surveillance are AK Violent Death reporting. Looks at specific deaths in AK, homicide, suicide, unintentional firearm, and police intervention. Growing volume of undetermined deaths. Published first hardcopy document. Being mailed out. She can provide copies of these reports. Working on 15 year FACE document. No longer funded by CDC. Applying for new grant coming out in April. Looking at air crash, fishing vessel, drowning, and man overboard, injuries. Continued on with all programs. Ron asks if about electronic prehospital reports. Deferred to Tim Bundy. Ron asks about trends of suicides/homicides in AK. Deb says trends have stayed about the same, suicides 75%, mostly male between 20-27. Women usually use ligature and poisoning. New database being established in SME. Looking at impact of economy on suicides and alcohol and drug abuse. Pocket card being distributed to law enforcement. Adding capability to expand info and working with partners to develop PICS. Have requested funding and have tentative approval to assist SME for training, to law enforcement and other entities to provide presentations forensic techniques. Would like to work with EMS group and providers, preserving evidence, seeing investigation notes, other topics with Dr. Tesler. Someone asked about female suicide by hanging. No noted increase. Will be collecting more data in domestic violence. Child fatality info will be in new report. Will have 3 years of data. Critical area. Will have really functional child review data. Ligature is defined. Talked about parties kids have to cut off airflow. Games are on UTube. Lots of undetermined info, whether it was intentional or not. Take in to consideration cultural boundaries is part of information gathering. Suicide by cop is another statistic. Asked if those statistics are being collected. Reasons & means of suicide.
- Prehospital data will be key in tying information together. Asking for more money from Congress to study this. Dave says let ACEMS know where they can assist. How can we assist EMS people on the front line? Sue Hecks suggested having Dr. Tesler speak at symposiums. Deb says he is out of state for this year's symposium but will consider it for future. Dave asked if any questions from regional directors. Ron asks about undermined deaths, how is EMS doing with supplying info? 200 violent deaths a year on average. A lot of people doing fantastic jobs in rural regions. EMS info is not a national required dataset. On a voluntary basis. Building good relationships. Cooper River EMS guy suggested its not always not sharing info, but being sensitive to confidentiality and family issues. Need some kind of authority to request it. Kathy suggested Tim write a letter on IPEMS letterhead with a fact sheet stating how sharing info is legally allowed. Not violating HIPA.

### **ACEMS Liaison Member Reports**

#### **ACS/ANHS Liaison Report (Frank Sacco, MD)**

Dr. Frank Sacco, report. ATLS is now established. Increased demand for course probably going to occur. New version of ATLS course available. Can buy at the bookstore. Links to the internet. TNCC is still going on around the state. Rural Trauma course, 1-2 a year. As much as they can find training providers. Working on new version of that course as well. Doing a good job, can always use

more help. Working on legislation re: liability caps etc. Legislature will work to find some money already there and review AK Trauma System. American college of Surgeons will review status. Get advice on developing trauma system and how it manages disasters and medivac system. Gov's task force was able to add a line that trauma development should be a health goal. ACEMS should also add their support. Starting to get some traction. Dr. Chenault talked to State Medical Association and they have endorsed concept. Like to get Hospital Association on board. A summary will be given, with their recommendations, open to the public. Nov 2 to 5, at Embassy Suites, in Anchorage.

**Motion made to for support of Trauma System. Passed. Asked for volunteer to write letter. Roy Sursa volunteered.**

#### **Pediatric Liaison Report (BJ Coopes, MD)**

- Now have 6 pediatricians in Alaska. Elizabeth Galloway new doctor.
- Doing more on the job training, in the hospital. Health Aids, med students etc.
- Quality Improvement issues.....35-40% of kids who died in her unit were directly from beating or being shaken. Trying to raise awareness of this "epidemic".....legislation going forward to mandate prehospital providers to report any abuse of kids. Children's Justice Act CD being passed out. Problem w/ child abuse, not all abuse is equal. Lots of variables so it gets swept under the rug. "Practitioners' of the healing arts" are the ones mandated to report. Not enough homes to place children at 2 AM.
- Raj shared how EMSC is doing. Sherry Breaker and Dr. Koehler introduced themselves.
- One reason people don't report is "waste of time" Pickens related how he made a report of suspected child abuse this summer to troopers and then it went to OCS where it went no where. Need to train more troopers and police.
- 80% of horrible child porn owners are perpetrators and the cops know who they are but not enough manpower to go after them all.
- Domestic violence is linked to child abuse in a huge way. If a child dies of SIDS and there is domestic violence in the home most likely they were murdered.

#### **Mike Motti, Report:**

- Youth First responder program continues. Turnover a challenge since they graduate and leave. Five applicants in Sitka. None from the high school. Prince of Wales still struggling – 5 members, but 2 moved out of state and one graduated. Down to two members.
- EMS squad in both Craig and Klawock very supportive.
- AK Highway Safety office grant expired, new grant approved, asked for \$71 k and only approved for 48k. Phone, internet and food not included. Have to find some money for food, can't have a youth program w/out pizza!
- Second project to develop EMS Chief CD. One stop shopping for all info. Once finalized it will go before training committee. Should have done by EMS Symposium time and will hand out then.
- ETT course on line. Grant to develop online course by UAS. Working with university to accomplish this. Knowledge of ETT given to university and working on photos and graphics. Student will be able to take this course with university. Able to use slow dial up connection. Some quizzes online and others sent to instructors. Instructors will be sent out to communities to administer final tests. Hopefully there will be a lot more ETTs. These classes will be canned.
- Kathy McLeron gives laptop demonstration. Dr. Denny Koehler from Ft. Wainright suggested higher bandwidth option for communities with satellite internet. She suggests you might lose young people without video stream. Potashnick suggest this be put on DVDS and sent out? Anatomy: Study of body structure presentation. ETT Emergency Trauma Technician. Tape turned off.

Dave Hull thanks Sue Heck's for hospitality and hosting the meeting.

### **Tim Bundy IPEMS Section Report**

- Since last meeting we've had increases for salaries that were normal raises.
- Required to get more federal authorization and money.
- Lots of EMS staff turnover. Kathy McLeron, Mike Branum. Lee Parham started in April. Doreen Risley left, Raj Maskay replaced her. Brenda Knapp was on for awhile until she was promoted. Nancy Barros filled that position. Finally we recruited Terry Olliff. Judy Neary replaced Zoann Murphy. Shelley only person on staff with institutional knowledge. I work with Mark Johnson a lot.
- Major initiatives we've been working on EMS data, pilot testing. (Image Trend) Purchased new trauma registry program allowing hospitals to make direct entries. Hospitals can draw down all the data (their own, not other hospitals). Difficulties having other programs to convert. Technical issue. Program developers will have to figure it out. Web based entry requires a "submit." Mike Carrati will report more on system. Training being offered for entry program and more will follow. Each symposium will have training sessions. Program is fairly intuitive. "Patient report" with drop down boxes. Each report uploads to a centralized location. Mandatory day coming, training first. Working on getting data into the system. Hoping by July 1, 2009. Report can be downloaded to thumb drive and transported.
- Other initiatives are EMS Hospital grants. Substantial increments for dealing with interdepartment violence. Commission on Aging may be giving us money to study falls of the elderly.
- Going to logic model in all grants and contracts. Can't tell you exactly what that means at this point.
- Also have some certification data, Re: delays and why it takes so long to get someone certified. Studied improvement of system.
- John Dickens asked about flu pandemic preparation. Tim says people are still dying, new equipment in hospitals. Still do not have enough vaccines but improving. Still having preparedness drills.
- Asked if logic model based data is for justifying the money we spend. Yes, Tim says, they want to know where their money is going. Supposed to make it easier for grantees to get money (based on performance) and makes it easier to justify.
- Tim responds to questions about audits for Code Blue. HRSA is auditing EMS this year. Legislative audits also may be a possibility. Difficult to project for the coming year with economy and declining oil revenues. Ron asks about incentives or disincentives for using logic based model. Tim says not at this time but it could be useful. Doesn't want to go there unless we have to. Better to offer help getting there than mandating.

**Terry Olliff speaks:** (EMS Unit Manager) Tells about his background and experience, which is; thirty-two years in EMS realm, EMS, fire, paramedic work; police officer experience; Air Force, explosive detection dog handler Dallas/Ft. Worth area; consulting in aviation fire prevention. Discussion turns into air fatalities and what can be done to prevent them.

### **Don Rice, AURORA Presentation & Discussion** Consultant for AK EMS data project.

PowerPoint presentation: A physician in EMS community in Nebraska, (also works with NH, Georgia & AK). What we were looking and the driving forces.....The public has access to the homepage where you can click on any region and find out what responders are where. Much discussion put into summarizing AK needs. Analyze AK's assets and liabilities. Looked at present models and driving forces getting them there. The need to justify further funding is NEMSIS and MONEY. In two years many more states have gone to Image Trend. Data is needed to support further funding. Public quality reporting demanded by Payers, purchasers and gov't. Agencies. The need for this information

is education, EMS outcomes, EMS Research, and EMS reimbursement. Considered different funding sources, single purchase versus phased acquisition.

Part II: Looked at desirable systems components for AK. Full time equivalents used to interact and utilize new database. Personnel who can do data analysis. Had to look at level of understanding and importance of EMS data collection. Familiarity (with computers), access, comfort level, need to know their capabilities. Sent a survey out to SOA. Communication infrastructure, Means of communication access and frequency. \*phone, internet (dial up or broadband), radio, microwave. Had to decide what was needed in the database. Made a list of what things would be included. Had a discussion about whether it would be managed in house or at a secure remote site. Web based or desk top software? Regional databases versus centralized database. Database needed to meet NEMSIS standards. A mandatory standard would limit numbers of vendors. Sequel or Oracle database? Hosting and monetary differences. Wanted to make sure SOA would fund something to be able to sift through large volumes of data rapidly, easy & intuitive, custom reports, data mining/data cubes. Wanted a database for the future that we could grow into. Features include easy data entry, retrieval, data analysis engines. Needed software with multiple security access rights. Needed to be able to customize own data sets (like moose fatalities). Almost all vendors adopted a train the trainer concept. Outsourcing was chosen as a service rather than maintaining in house (no one to answer after 5 PM at the state). Recommend a pilot program first. So far most agencies have been really happy with results in pilot program.

Part III shows computer screens of information already submitted. Shows what kind of reports you can get and how to extrapolate information. David thanks Dr. Rice for his time and work.

**Alice Rarig, Alaska Crash Outcomes Pilot Project** Health Planning & Systems Development Office) – called in

Pilot Project recently approved. Period supposed to start October 1<sup>st</sup>, a 2-year project. Purpose is to improve injury surveillance system. She has been working with hospital discharge data and trauma registry data. Can go back 5 years for analysis. Been working to get outpatient and ER data. Need to call an advisory committee in the next few months. Neil Gilbertson and Alice will be doing much of the data work. Mostly information drawing data from hospitals. Highway crashes a large part of survey.

**Mike Crotty, Anchorage Fire Dept. Data Report** AFD

We use for EMS reporting FIRERMS for fire reporting CAD, 2005 needs assessment was done. Hired consultant group. Got a grant from SOA to finance. Life Pack -12 was a criteria, EKG reports into patient care record as well as times. What you really need is better data out of the field. New program has to interface with 2 old programs. In 2006/07 we bought a program called ROAM-IT during the RFP process. Now in a disengagement process with that one now. 1<sup>st</sup> WATCH – which reads FIRERMS and CAD from CA. You can program trigger alerts into it so it will send an email alerting you of excesses. State has started their data collection service and we are planning on going with them as well. Pursuing a dialogue leading to contract with IT. In the next 60 days we should be in contract with them. Efficiency of being data in. Has very nice reporting features. Collectively we need to lean on IT to bring marker events into their data. Response needs between fire and EMS are not separate. No Double Entry is important. Will be able to download billing.

**Del Smith & Maj. Matt Leveque ALMR Update & Discussion**

Over pass 6 months they've made some progress. The site in Skagway up and operational, will be connected with one in Haines. SOA still trying to get KTN high mountain site. Trying to find funding to expand. Cost share scenario for users July 1<sup>st</sup> and it would amount to \$18/radio/per month. Plan to go to Legislature to pay for all the states and volunteers. If it comes before the legislature, it would behoove all EMS units to support it. Work with Jim Koehler in Admin. Provides services needed and cost effective. MODOE bridge hardware being installed, ability to talk to radio systems not on ALMR

and never will be because not public safety entities. ALMR must be used in Land Mobile radios so can utilize from helicopter but at a certain elevation so as not to interfere with FCC regulations. The \$18 a month would include search and rescue units. Deployable around the state.

**EMS Certification Report** Judy Neary by phone

Statistics for time period October 1, 2007 and October 1, 2008, EMT-I's - 1621 applications received, 1460 received certification, and 150 pending. For EMT II's – 508 Applications received, 419 got certified and 85 pending. For EMT - III's – 555 applications were received, 517 received certification and 35 pending. There were multiple reasons for delays in certification; 48% of applications had problems with the written exams; such as non passing grades in 47% at three levels of certification. The longest delay (average of 45 days) to certification was lacking Continuing Medical Education hours in 15 % of applicants for the EMT I. Delays regarding instructor applications were not included in report. Current data does not enable a retention presentation.

**EMS Training Report & Symposium Planning** Lee Parham by phone

Distance Learning classes are going great like BP by palpation in Hooper Bay. They have a camera and monitor for people who can't get to him. Three paramedics operations now.

[www.guardianemsacademy.org](http://www.guardianemsacademy.org) Link at "tour our facilities" Shows classroom and facilities. In house training site as well. Staff of 2 nurses, 2 education coordinators & 1 medical director.  
[www.caahep.org](http://www.caahep.org)

[Gromero@nremt.org](mailto:Gromero@nremt.org) 614-888-4484 ext 129 for EMT Training. Nine active sites where National registry has gone completely online testing. Barrow, Kotzebue, Soldotna, Anchorage, Valdez, Bethel, FBKS, Nome and KTN.

**Motion to Adjourn 4:55 pm**

**ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES**  
**MINUTES - Friday, October 10, 2008**

**Call to Order:**

Call to Order 8:30 am

**EMS Training Committee Report (Kathy McLeron)**

Training Committee met in April in FBKS, reviewed bylaws and reaffirm mission. Developed new format for minutes. Wrote draft letter to ACEMS asking Medical Director (Ken Zafren) be *ex officio*. Dave Hull entertains a motion that the training committee should be able to make this decision on their own. Dr. Zafren has always been called in when medical oversight is needed. His membership will reflect how he has counseled committee. Gives more flexibility for use of medical director position. Motion passed.

Sent a draft letter to ACEMS re: Ryan White Provision. ACEMS did write a letter and got response from Ted Stevens.

Looked at recertification. Who is department skilled instructor. Decision made to reaffirm instructors can provide care, be teachers, and re-cert for skills they can do but not necessarily teach. Helped to develop medical escort reauthorization form. Discussed educational guidelines. Discussed EMT I written exam being out of line with state guidelines. Developed new test. Assessed test questions and analyzed percentages of correct answers. Met with Doreen Risley to discuss speakers for symposium. Talked to Judy Neary and Tracy about EMS certification process. Looked at Medical Director CD and made recommendations. Discussed Triage methods and made recommendations. Referred to RD&C. Proposed legislation going forward for CPR requirements. Tim Bundy said he will get an AG opinion and they can go from there. Kathy recommends looking at the sciences of recommendations and not interpretations.. Hull makes a motion that ACEMS agrees on principal on this issue and allow the executive committee to continue on behalf of ACEMS. Motion passed.

**REGIONAL EMS REPORTS**

**Interior EMS Region Report (Dan Johnson)**

Reviewed training activity. Completed 5<sup>th</sup> year of contracting with FBKS borough EMS training. Trained about 500 new providers and refreshed about 130 people. Had annual membership meeting at symposium. Have about 25 members. Task Force activity, Karen Perdue. Full task force report available. [www.alaska.edu/health](http://www.alaska.edu/health) Clinical Simulation Task Force report. Purchased building 2 years ago, working out well. Expenses we reported are accurate, equal if not less. Very functional building. Air Ambulance program in that region is being deployed to Iraq. Civilian mission called MAP. Air Guard taking over civilian mission. Planning a committee to troubleshoot. Encountering some financial challenges, getting some money from IPEMS. Energy costs are soaring, health insurance, normal inflationary pressure.

**Southern Region Report (Sue Hecks)**

Been facing a lot of staff turn over. Introduced Vlada Sotsotskaya, new finance manager. Debbie is still under contract for training. Also brought Ronni Sullivan back under contract. Hired several new admin assistants. Busy American Heart Assoc training center. Supporting over 100 instructors. Busy and active training center. Working on 5 year plan for equipment and trying to plan ahead. Glad to have Kathy McLeron. Busy training schedule. Comfort One very busy program. Minivan apps been mailed out. Code Blue apps also out. PID coordinator, Emily McKenzie also in charge of website which is being overhauled. Trying to make website very useful, lots of forms. Divided region into 9 sub areas. She is also Editor of Lifeline Publications. Building lease was up in June, been here 25

years. Building was recently sold. Negotiating a 3 year lease but running out of space so looking for new space. Insurance going up 14% and rent going up. Some larger projects have unmet needs not successful finding funding. Need time for grant research. Working with UAA on grant writing workshop. Karen busily preparing for symposium. She negotiated 2 year contract for both hotel and Egan Center. Applications are starting to come in for Symposium. All info/apps on website. Cooper River EMS still having problems with Medicaid reimbursement. Hard to eat medivac runs. Sometimes it's a matter of the right verbiage. Continue to work on communication issues, repeaters etc. CHAPS in Bristol Bay region have gotten week off option taking away. VPSO in PWS have been tasked with EMS duties. Helicopter back in Kenai area. Updated legacy repeaters on East Peninsula. Kathy & ?? spent 2 days in the Kenai working on hospital data. Kodiak been working on Emergency operations plans. East Aleutian tribes withdrew but still on active board members. Did a health fair using state ferry system. Coordinated Strategic planning session, very effective.

#### **Southeast Region Report** (Bobbi Leichty)

Been extremely busy. 7 employees, 3 paramedics and 3 EMT II and above and a finance person. Staff been busy teaching lots of courses, 25<sup>th</sup> year of symposium this year in Sitka. April 17 & 18<sup>th</sup>. Have outstanding lineup for symposium. Search & rescue track for pre-symposium. Next year it may be in Juneau. ***How we Take Care of Our Own***, theme for this year. Went in the hole last year financially. That cannot happen again. ETT online course collaboration, very proud of that. Travel expenses are biggest problem we have now. Have a very young staff so insurance rates haven't gone up. Had to change deductible from 250 to 500. Developing a fund to help with deductibles. Increase in violence in SE, death by cop in PW, knifing in Sitka etc. Her job as regional director is not to worry about the urban centers but the rural Angoon's and Wrangell's. Went on about her not agreeing with AMLR because it will only benefit the urban areas, has no added value to rural and remote; Hull defends their position. (P25 requirement) Discussion goes on about AMLR. Need statewide assessment.

#### **North Slope Borough Report** (Dave Potashnick)

Assistant Chief of NS Fire Department. Continued to do training; impacted about 90 providers. Code Blue on tract. Anticipate delivery of 3 new ambulances in North Slope villages. Currently in Barrow about 120 calls a month for 4,500 people. 100-120 calls a month within remaining 7 villages. Medivacs about 30 a month. These numbers are typical of the area. Volunteers and paid staff very busy. Volunteers get burned out. Borough recognized we were not in AMLR plans. When borough had a lot of money they put in a very good system but they aren't connected. Real time, 2 way communication need between dispatch and Barrow. 140 report of need assessment coming out. They went to outside agency for assessment need, they were vendor neutral. An RFP will be done next with criteria that has outcome needs to be met. That's the approach they have taken. After RFP generated the vendor will come trying to sell what they have. Police department in Barrow dispatches for entire NS. They will have a radio system that will talk in real time. Study cost in the hundreds of thousands of dollars. Had some Homeland Security money. Challenges are distance education, education for small numbers of people. Built bunks in their training room so they don't have to spend money on hotels for trainers they fly in. No road connection between 7 villages and Barrow. Ability to create own oxygen. (shared demo photos during break)

#### **Northwest Arctic - Maniilaq Association Report** (Aggie Jack)

Aggie is jewel of AK EMS. From Kotzebue. Teaching ETT class to CHAP folks. RFP for medivacs due in Jan with Guardian. On Phase VIII of Code Blue Project, have a little leftover of Phase VII. R/c \$100,000 from USDA. Been on Image Trend data collection and paramedics love it. Over 600 medivacs. Current economy is really affecting region – fuel up to 11/gal. Crisis situation. Been doing energy audits, committees formed to see how they can help each other, using more wood and coal and lots of PSAs encouraging one to turn off energy source when not using it. Have a billing module with Image Trend they have been using. Telemedicine capability. TDY...temporary duty assignment



### **Norton Sound Report** (Mike Owens)

#### **Yukon Kuskokwim Health Corporation** (Brian Leffarts)

Been director since 2005. Hope to fill Lee's old position soon (EMS MANAGER). Serve 48 villages and area about the size of Oregon. Just wrapping up boating season, worked with state on the Kids Don't Float. Have a sales shop that purchases mass quantities and sell at cost (life vests and float coats). They absorb shipping. Working with Environmental Health Staff to produce pamphlets to increase injury prevention. Staffing level for EMS is cut in half...they've had to streamline a lot of activities. Gotten much more efficient. Outsourcing a lot. Unable to meet demand for classes. Taught over 500 students since last ACEMS meeting (2 instructors). New manager has lots of grant writing experience to boost revenue. Have voice over IP in all clinics, long range cell phones and polycom systems in all clinics. Large plasma screen TV with camera for classroom instruction, then fly out for one day only. Majority of EMS services provided by health aids. Taught ETT classes in several villages. Communities want first responders. Code Blue just wrapped up Phase 7 purchases. Getting 48 10 liter o2 concentrators. Should save a lot of money for them. Save on hazmat shipping. One of best assets of Code Blue project is ability for clinics to store oxygen. Maybe purchasing Oxygen generators.

#### **Regional Directors and Coordinators Report** (Sue Hecks)

Informal group of EMS directors and Sub area coordinators. Diverse group with a couple hundred years experience. Met for 2 days this week. Very productive. Discussed wide range of topics. Spent one day discussing recruitment and retention. Had election of officers. Had update from IPEMS office. One issue is need for regs update. Provided Terry Olliff with lots of knowledge on issues in AK. Talked about EMS Management class. Online class. Have some scholarships for EMS program. One question asked is who is going to do EMS in 10 years in AK? Solution: grow your own. Need to focus on youth and bring them into the system. Teaching ETT in high school. gives them a taste for medicine, leads to nurses, PA etc. Weak area is educating communities about EMS. Develop some talking points. EMS crisis paper developed in 1997 which led to Code Blue. Need to develop recruitment and retention. First Responders is changing. Reevaluate role, central cert database. Volunteers are really the goal, need to work on attitude of volunteers "I'm just a volunteer"..... "professional volunteers" Medicaid and Medicare billing issues. An ambulance that doesn't deliver patient to hospital doesn't get paid. Ideas for energy saving. EMS goals document...planning doc developed for SOA. Lays out a plan with 5 levels of communities. Master plan. Would like to work with IPEMS to update and develop. Would like a workshop to begin that process. Help services development their websites. Statewide communications assessment need. Looking for grants and capital needs. Talked a lot about Triage systems. EMS memorial fund. Anyone who dies will add their name to the plaque. Plaque will travel to all symposiums. Importance of IPEMS website as state resource, re-cert forms, training info.

#### **Division of Public Health Update** (Beverly K. Wooley, Director)

Share what are focus areas in the Department? Trauma System high priority. Legislators have been in dialogue with department. EMS issues are more of a slam dunk with legislature which is a result of the work ACEMS does. Capital budget has \$425K for Code Blue. She encourages pictures of emergency vehicles to be fed to Tim which tell the story so well. Communications are also an issue. She understands that these issues will arise year after year because equipment is used hard. Demand for service goes up, cost goes up and grant money never goes up. Health professionals are really bad at saying NO. Support the counsel's desire to add more position. Looking for a bill or legislation to add positions. Mandatory reporting law for EMT's and paramedics also get their support. OCS is very resistant to opening up that law because it invites everyone and it may be weakened instead of strengthened. There are some groups that do NOT want to be mandatory reporters included in the present law and they could hold up the process for up to 2 years and some of those groups could be pulled out. They generally wait until there are a host of things that need to be

changed with any law before they open it up. DPH encourages EVERYONE to report abuse of any kind. Continue to carry stories through, for all the people that have been saved by these services.

#### **Public Information and Education Committee Report** (Dave Hull)

Someone suggested families affected positively by EMS staff get together to make a video like the Christopher Reeve video.

#### **Recruitment and Retention** (Dave Hull)

Discussion about what the issues are and ideas for solutions.

- Roy Sursa: His organization is a conduit to other agencies Lots of UAA students taking the classes for the hours and not for practical use. And students are taking the class but not the test for certification.
- Lots of age attitude, serving community is not on their radar. Number are going up and down but people actively participating down. Most of the work being done by 15% of the people. Lots of gray hair in the mix. Paying them is not the answer. Suggestions?
- Dr. Koehler says the answer is still with the youth but not sure how to get them on board.
- Nancy Barros suggests working with Alaska Area Health Educational Center (AAHEC) Groups in the major cities soon coming to SE. Teenagers would teach grade-schoolers. She suggests teens are too old to start with, it should be done much younger.
- Sherry Breaker notes the schools in her area have lost a lot of kids to larger schools. She tries to encourage kids in the medical field. Give them a purpose and an investment.
- Dr. Hudson relates how a fisherman dies and the men standing around didn't know what to do. Then a primary teacher had a heart attack and the kids in his class were interested in ETT class. Incentives were given, the processing plant allowed employees to take off on calls.
- Red Dog mine has tried to make as many instructors as they can.
- Acknowledging people's service always helps, a thank you card, or empowering them as teachers. People leave because they are tired, overworked, wearing too many hats. Too few volunteers for too many calls, people working long days and then having 2-3 calls a night.
- Motivation is a problem. A great TV show to profile ambulance work or an XBOX game. Cool new jackets helped too. The interactive online class is a great idea too.
- John P states rural communities are on their way out. Villages are losing their schools because so many folks are leaving. It really takes an awesome leader and they are the ones that are employable elsewhere. It really takes someone who's mission comes from within.
- Volunteers also needs to be treated better...it costs a lot to be a volunteer, just with fuel cost and time constraints.
- Economic pressures far harder off the road system and the paramilitary system of the fire department isn't that friendly towards volunteers.
- Have to appeal to the Youth with the current technology....if they could listen to their ETT class on I phones it would appeal to them.
- Political and social issues are another problem in the villages, family dynamics. Some villages have no health aid. Have to find a carrot, something to dangle to entice. Larger population base communities are faring better. Encourage people to get involved and facilitate training. People are working more hours and have less free time, particularly during work hours. Volunteer staff needs to be looked at but also the paid staff. Need qualified instructors and way to meet rising costs.
- High School kids are really busy too and we're competing with sports and all the other activities.
- Someone suggested a hero video, about becoming a first responder toward the age we are trying to target.

- David Hull says he will take to the training committee the idea of ETT having to retest every 3 years.

#### **Proposal to Add Fire Service Rep. to ACEMS** (Doug Schrage, ASFCA)

They want a seat on this committee. Representing AK Fire chiefs Association. Institutionalizing a seat for Alaska Fire chiefs Assoc on ACEMS. His organization represents leaders of EMS providers throughout the state. It's a way of bringing fire and EMS together, the premier forum. Just here to test the waters and open up for comments. It would be great for someone from ACEMS to be on Fire chief's committee/conference as well. They would you consider liaison (nonvoting member) position. Motion made ACEMS board open a liaison position AK Fire chiefs Association on board. ACEMS wants a liaison position on Fire chief Assoc Bd. As well.

**Sue Hecks asked if we could have a liaison seat with Fire Standards Council. Motion approved.**

**A motion was made to have ACEMS write a letter to the Gov's office to request a position on ACEMS for the Fire Chiefs Assoc.**

**Also include a member of pediatric physician's community of AK in that motion. Motion approved.**

EMS memorial along with fire memorial – a blending of the two memorials to represent both. **A motion was made to draft a letter to Gordon at Fire Standards Council requesting voting seat.** David Hull will write the later. Motion passed.

#### **Alaska Trauma Registry Report** (Tariq Ali by phone)

Hard data copy of color charts were shared showing alcohol related injuries. Probably a lot are under reported; ATVs and snow machines injuries, by region.

#### **Code Blue (Raj Maskay)**

The Code Blue Project was started in 1999 by the Section of Injury Prevention and EMS and the Regional EMS Offices in an effort to identify, prioritize and seek funding for essential equipment for rural emergency medical services in Alaska. The program is coordinated by a Steering Committee comprised of a representative from each of the seven EMS regional offices. Bobby Leichty of Southeast Region EMS elected Chairwoman and Dave Potashnick of North Slope Region EMS elected Vice-chair on October 6, 2008 meeting in Anchorage. Next meeting will be scheduled for early Spring in Juneau.

#### **Rural AED program (Raj Maskay)**

The purposes the RAED program is to 1) purchase automated external defibrillators (AEDs); 2) provide defibrillator and basic life support training in the use of AEDs, and 3) place the AEDs in rural communities with local organizations. Alaska has received \$95,098 for 2008 grant period. IPEMS proposes to continue the work of the Rural Automated External Defibrillator program started in FY 02, and purchase additional AED's and ensure training is being provided for rural areas of Alaska.

#### **Emergency Medical Services for Children (EMSC)(Raj Maskay)**

The EMSC program is located at IPEMS, Division of Public Health at Department of Health and Social Services (DHSS). It has received about \$130,000 for 2008. It accomplishes goals of the program through; an EMSC Training plan, an EMSC task force with representation throughout the State and from many disciplines; working with the Regional EMS offices and individual EMS managers, working with the Native Health Corporations throughout the State; and working with hospitals, clinics, EMS agencies, and health professionals throughout the State. It gets the working guidance from National

Resource Center (NRC) and data collection and analysis guidance NEDARC. It's steering committee meeting was scheduled on Oct 23-24, 2008 in Anchorage.

### **Persons to be Heard**

David presents Shelley a token of appreciation. Nancy Barros will be taking her place as staff support for ACEMS Council.

### **Review of Action Items**

- Support for Trauma System letter,
- motion to change Zafren's ex officio,
- the ACEMS support of video court issue,
- reinstate Air Medical committee,
- implement EMSC committee,
- prepare a letter to Gordon, Fire Standards Council

EMS Goals document brought up as an issue to review. Time was short and suggested it be moved to the Spring agenda.

ALMR assessment: Tim has money for equipment survey: survey of legacy system (repeaters) etc. what needs to be done to repair.

Spring Meeting will be March 26/27 in Juneau.

Adjourned 4:55pm

Air medical task force is reinstituted. By Symposium time we can come up with a committee. Some changes are coming, 30 deaths so far in 2008, and 9 aircraft incidents. NTSB is going to rake industry over the coals. FAA probably won't do anything; it will be up to the industry. EMS Ground providers involved. The things they need to make this safer are very expensive. Night vision goggles for example. They are all going to the war effort. Legislation will be pending, it's not the providers it the federal gov't. Dave makes a motion to reinstate special committee whose members will be named later. Motion passed.

Subcommittee for Emergency Medical Services for Children. Would like them to be a part of ACEMS. Dave makes a motion that the subcommittee is formed, members to be named by executive committee in near future. (Raj, Tim, BJ, Karen, & Roy) Motion passed.

Adjourned: **4:07** pm